MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (119)

Reg. Dist. No. 62

09870

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Near Denton
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leroy Baynard

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11th 39

8. AGE: Years | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Near Denton
(Town, county, and state)

10. Usual occupation

11. Industry or business Arvill

FATHER
12. Name William Baynard
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Mary Boston
15. Birthplace Maryland

16 (a) Informant William Baynard Father
(b) Address R.D. Denton Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Paul Church
Location Near Willeston Md.

18 (a) Funeral director J. Virgil Moore & Son
(b) Address Denton Md.

19 (a) Oct 1-1939 (Date rec'd by registrar) (b) Mr D.O. Genge Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 1 1939, at 10 30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 26 1939, to Sept 30 1939, and that I last saw him alive on Sept 30 1939.

Immediate cause of death Enteritis — Duration 2 weeks

Due to Malnutrition

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Small M.D.
M. D. or other

Address Denton Md. Date signed 10-2-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to change fathers and mothers first names see letter filed under Small in permanent file. Also see birth cert filed July 11, 1939.

RECEIVED
NOV 4 1939
BUREAU V. S.

Dr. Anderson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (80)

09871

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Federalsburg - Bridgville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ervey L. Broadis

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lottie M. Broadis

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 12, 1877

8. AGE: Years 62 | Months 5 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business Farm

FATHER
12. Name No data
13. Birthplace

MOTHER
14. Maiden name Nora Broadis
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Lottie M. Broadis
Address Federalsburg, Maryland R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. Oct. 13 1939 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1939, to Oct 10 1939, and that I last saw h[illegible] alive on Oct 10 1939.

Immediate cause of death Tabes Dorsalis (Syphilis)

Due to

Due to

Other conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

DURATION: unknown; 3 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
M. D. or other

Address Federalsburg, Md. Date signed 10/13/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 61

09872

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Goldsboro · Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Rural · Goldsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Brooks

3 (b) If veteran, name war ✓
3 (c) Social Security No. ✓

4. Sex: Male
5. Color or race: B
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Irene Brooks
6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1870

8. AGE: Years 69 | Months | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business ✓

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Irene Brooks
(b) Address Goldsboro · Md Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10, 1939 (month) (day) (year)
(c) Cemetery or crematory Union
Location New Goldsboro Md

18 (a) Funeral director R. B. Rawlings
(b) Address Greensboro · Md.

19 (a) Oct. 10 1939 (Date rec'd by registrar) (b) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 7 1939 at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939 to Oct 7 1939, and that I last saw him alive on Oct 6 1939

Immediate cause of death	Duration
(a) Myocarditis	(?)
Due to Arteriosclerotic Cardiovascular Disease	
Due to	(b)
Other conditions Chr Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas H Stevens M.D. M.D. or other
Address Greensboro Md Date signed Oct 10 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
U.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-B)

09873

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline

City or town Rural. Goldsboro Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Caroline

City or town Goldsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George T.Carney

3. (b) Social Security Number * None

4. Sex Male

5. Color or race B

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Carney

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug.13.1857

8. AGE: Years 82 Months 2 Days 17 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laboror

11. Industry or business *

FATHER
12. Name William H,Carney
13. Birthplace Md,

MOTHER
14. Maiden name Lydia Berry
15. Birthplace Md,

16. Informant Mrs, Katie Ross

Address Goldsboro. Md. Rural

17. Goldsboro, Md. Date thereof Nov. 1,1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Near Goldsboro. Md.

18. Funeral director Raymond. B.Rawlings

Address Greensboro. Md.

19. Oct 30 1939 A C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to 19

and that I last saw h alive on 19

Immediate cause of death Acute Myocarditis

Due to

Due to Arterio Sclerotic Cardiovascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION
Oct 30 1939
(3)

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

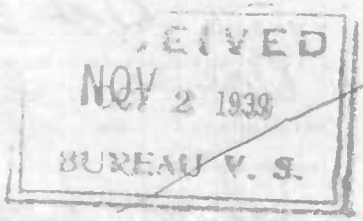
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elmer H Stoneman M.D.
M. D. or other

Address Greensboro Md Date signed Oct 31, 1939


EIVED
NOV 2 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

09874

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town M. Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Clements

3. (b) Social Security Number

4. Sex M.

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22nd 1858

8. AGE: Years 85 Months 1 Days If less than one day hrs. min.

9. Birthplace Queen Ann County
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Thomas Clements
13. Birthplace Maryland

MOTHER
14. Maiden name not known
15. Birthplace

16. Informant Samuel Milby
Address Cordova Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 10-24-39 (month) (day) (year)

Cemetery or crematory Centerville Md.

Location Centerville

18. Funeral director Wm. H. Good
Address Church Hill Md.

19. 10/24 39 Mrs. D. G. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1939, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Oct 22 1939, and that I last saw him alive on Oct 21 1939.

Immediate cause of death Cancer of Hand & Fore Arm

DURATION ?

Due to Primary epithelioma of hand. C.W.R. Duration: Nine months.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawson George
M. D. or other

Address Denton Md Date signed 10/23/39

RECEIVED
NOV 4 1939
BUREAU V. S.

De Lemmon

09875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-B

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Caroline.

City or town: Federalsburg. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Russell Covey.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August II" 1913

8. AGE: Years	Months	Days	If less than one day
26	2	12	____ hrs. ____ min.

9. Birthplace: Caroline County, Maryland.
(Town, county, and state)

10. Usual occupation: House Painter.

11. Industry or business

FATHER
12. Name: Luther H. Covey
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Mary N. Nichols,
15. Birthplace: Caroline Co. Md.

16. Informant: Luther H. Covey,
Address: Federalsburg, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: October 26" 1939 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, M d.

18. Funeral director: J. J. Framptom & Son.
Address: Federalsburg, Md.

19. Oct. 26 1939 J. J. Framptom
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23" 1939, at 6-30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1939 to Oct 23 1939 and that I last saw him alive on Oct 23 1938

Immediate cause of death: Primary Sarcoma Lungs - Mitral Stenosis, Generalized Oedema.

DURATION: ?

Due to

Due to

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. E. Lemmon MD
M. D. or other

Address: Federalsburg Md Date signed: 10/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

09876

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95 f

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Greensboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME L. Irvin Jones

3. (b) Social Security Number 213-14-6873

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Iva Jones

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 20. 1864

8. AGE: Years 75 Months 3 Days 5 If less than one day ____ hrs. ____ min.

9. Birthplace Pocomoke City. Somerset Co. Md.

(Town, county, and state)

10. Usual occupation Banker.

11. Industry or business ✓

FATHER

12. Name Lunerton Jones

13. Birthplace Md.

MOTHER

14. Maiden name Unknown

15. Birthplace Md.

16. Informant Mrs. Iva Jones

Address Greensboro, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 27. 1939 (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Oct. 27 1939 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1939, at 630 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1939, to Oct 25 1939, and that I last saw him alive on Oct 25 1939.

Immediate cause of death Cerebral Hemorrhage with hemiplegia

Due to Hypertensive Cardio-Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

1 day.

(?)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Stonesifer MD. M.D. or other

Address Greensboro, Md Date signed Oct 27 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
NOV 2 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

09877

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Preston - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Todd's Chapel
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Lucas

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Annie Lucas
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) — — 1866

8. AGE:

Years	Months	Days	If less than one day
73	-	-	____hrs. ____min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name No data
13. Birthplace
MOTHER 14. Maiden name No data
15. Birthplace
16. Informant Mrs. Annie Lucas
Address Preston, Maryland, R.F.D.
17. Burial Date thereof Oct. 30, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory John's Cemetery
Location Near Preston, Maryland
18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland
19. Oct. 28 1939 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1939, at 12:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1939 to Oct 26 1939, and that I last saw h- alive on Oct 26 1939

Immediate cause of death	DURATION
Cerebral hemorrhage	10 days
Due to Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. J. Small, M.D.
M. D. or other
Address Denton, Md. Date signed 10-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E)

Reg. Dist. No. 66

CERTIFICATE OF DEATH

09878

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Near Ridgeley (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Caroline

(c) City or town Ridgeley R.F.D. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Ellen Miller

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name ~~of husband~~ or wife Henry Miller

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1866

8. AGE: Years 72 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Jacob Berry

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Robinson

15. Birthplace Maryland

16 (a) Informant Edward Standford

(b) Address Denton Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-19-39 (month) (day) (year)

(c) Cemetery or crematory Spring Grove Cemetery

Location Denton Md

18 (a) Funeral director J. Virgil Moore Son

(b) Address Denton Md

19 (a) Oct 17/39 (Date rec'd by registrar) (b) J W Davis Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 15 1939, at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to — 19, and that I last saw her him alive on Oct 15 1939.

Immediate cause of death Acute Myocarditis — Duration Oct 15 39

Due to Cardio Renal Disease c hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H Stoneser M D (M. D. or other)

Address Greenstown, Md Date signed Oct 16, 1939

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 1 1930
U. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

09879

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Choptank
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): I year - IO mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Caroline

City or town: Choptank Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elanore Lue Monath.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 22" 1934

8. AGE: Years	Months	Days	If less than one day
5	7	27	hrs. min.

9. Birthplace: Caroline County, Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Louis Monath,
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Daisy Huff,
15. Birthplace: Baltimore, Md.

16. Informant: Louis Monath,
Address: Choptank, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 20" 1939 (month) (day) (year)

Cemetery or crematory: Linchester Cemetery,

Location: Near Preston, Md.

18. Funeral director: J. J. Framptom & Son.
Address: Federalsburg, Md.

19. October 20 1939 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October I9" 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1934, to October 14 1934, and that I last saw him alive on October 14 1934.

Immediate cause of death: Died a Meningeal death had severe sore throat with [illegible] membrane on it, that was purpose

Due to: only organism isolated was a short chain Streptococcus

Due to: Meningitis (1)

Primary, or initial cause: Diphtheria, of her throat.

Other conditions: Streptococcus Sore throat (2) ? or Diphtheritic Sore throat ?
(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy: No

DURATION: 10/12-10/19

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thurdie B. Plummer M. D. or other

Address: Preston Maryland Date signed 10/28/39

RECEIVED
NOV
OCT 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

09880

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Federalsburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 33 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Caroline
City or town Federalsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME George H Pinkens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	C.A.	Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) May 26 1906

8. AGE: Years	Months	Days	If less than one day
33	5	2	hrs. min.

9. Birthplace Federalsburg Md (Town, county and state)

10. Usual occupation Brickmason

11. Industry or business Laborer Carrying the Hod

FATHER 12. Name James Rans

FATHER 13. Birthplace Del.

MOTHER 14. Maiden name Lillie Dickerson

MOTHER 15. Birthplace Oak Grove Del

16. Informant Mrs Lillie Dickerson

Address Federalsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 1" 1939 (month) (day) (year)

Cemetery or crematory Federalsburg Md.

Location Federalsburg Md

16. Funeral director James R Stewart

Address Salisbury Md

19. Oct. 30" 1939 (Date rec'd by registrar) J. S. Frampton, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH duly 5 minutes Saturday Oct 28/39

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Expsure. following 9 Drowning & Fire — DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Wallace N Mullins M.D. or other

Address ____ Date signed ____

Deputy Medical Examiner Co.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

09881

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town West Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Susan Rolls

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	widow

6 (b) Name of husband or wife Abr. Rolls
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) not known.

8. AGE: Years	Months	Days	If less than one day
about 75			____ hrs. ____ min.

9. Birthplace Denton, Caroline, Md.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business

FATHER
12. Name Josiah Wilson
13. Birthplace Maryland.

MOTHER
14. Maiden name Sarah Wheeler
15. Birthplace Md.

16. Informant Mrs. William Fiene
Address Denton. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-26-39 (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton Md.
18. Funeral director J. Virgil Emerson Sloan
Address Denton

19. 10/26 39 Mrs-DO George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1939 to Oct 24 1939, and that I last saw he alive on Oct 24 1939.

Immediate cause of death	DURATION
Uremia Bright's Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Mrs Lewis N Mackey M. D. or other
Address Denton Md Date signed 10/26/39

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NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

09882

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town New Bridgeville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mildred Sallenfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-10-1939

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace New Bridgeville Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name David A. Sallenfield
13. Birthplace Md

MOTHER 14. Maiden name Mildred Whitfield
15. Birthplace Md

16. Informant David Sallenfield
Address Denton Md

17. (Burial, cremation, or removal. Which?) Date thereof 10/11/39 (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton Md

18. Funeral director Carroll Sallenfield
Address Greensboro Md

19. 10/11 1939 Mrs DO George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Oct 10 1939, and that I last saw h alive on Dead 1939.

Immediate cause of death Still born — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Rufus G Nichols M. D. or other
Address Denton Md Date signed 10/11/39

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NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (139)

09883

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Satterfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	B	Single

B (b) Name of husband or wife
6(c) If olive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10. 1878

8. AGE: Years	Months	Days	If less than one day
61	1	3	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Sollaman Satterfield
13. Birthplace Maryland

MOTHER
14. Maiden name Heneretta Satterfield
15. Birthplace Maryland

16. Informant Rachel Brown
Address 419 Sherman Street. Wilmington. Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 17. 1939 (month) (day) (year)
Cemetery or crematory Denton. Md.
Location
18. Funeral director Raymond B Rawlings
Address Greensboro, Md.

Oct 16 1939 (Date rec'd by registrar) J. W. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5, 1939 to Oct 14 1939, and that I last saw h- alive on Oct 12 1939.

Immediate cause of death	DURATION
Pyelonephritis	(a)
Due to (a)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. W. Frazier M.D. M. D. or other
Address Greensboro Md. Date signed Oct. 14, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 24 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122a) CB

09884

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Hillsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Delaware County Kent

City or town near Clayton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Clayton, Delaware.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Anna S Taylor.

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife John Taylor.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 2nd 1862

8. AGE: Years 77 Months 1 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Hartley - Kent Co. - Delaware.
(Town, county, and state)

10. Usual occupation At Home.

11. Industry or business Home Work.

FATHER
12. Name Joshua Short
13. Birthplace Delaware

MOTHER
14. Maiden name Sina Moore
15. Birthplace Delaware.

16. Informant Mrs. Reba Meeks

Address Chestertown, Maryland.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 8 - 1939 (month) (day) (year)

Cemetery or crematory Odd Fellows Cemetery.

Location Smyrna Delaware

18. Funeral director J. Wells & Farrell

Address Smyrna, Delaware

19. 10/9 1939 Mrs. D.O. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1939 to Oct 8 1939 and that I last saw h w alive on Oct 8 1939

Immediate cause of death Strangulated Hernia - Kent Factum.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mifeire N. Nichols M. D. or other

Address Denton Md Date signed

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NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (71-a)

Reg. Dist. No. 62

69885

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Isaac Benj. Thomas.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of ~~husband~~ or wife Laura Gibbs Thomas

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1 1870

8. AGE: Years 68 | Months 10 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace Denton Maryland
(Town, county, and state)

10. Usual occupation Day Labor

11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Denton. Md.

MOTHER
14. Maiden Name Annie Wyatt
15. Birthplace Denton

16 (a) Informant Viola Bostow
(b) Address Denton. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-39 (month) (day) (year)

(c) Cemetery or crematory Spring Hood Cemetery
Location Denton Md

18 (a) Funeral director J. Virgil Turner Sons
(b) Address Denton

19 (a) 10/14/39 (Date rec'd by registrar) (b) Mrs. D. O. Kemp Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 12th 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1927, to Oct 12 1939, and that I last saw him alive on Oct 10 1939.

Immediate cause of death	Duration
arteriosclerosis	12 yrs.
Due to	
Due to	
Other conditions	one year
Pernicious anemia - (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E Paul Kurtz M D
M. D. or other

Address Denton Date signed Oct. 14. 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 18 1939
BUREAU V. S.

09886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Henderson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Henderson. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Frank Trimes

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Anna Trimes

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 76 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Poland. (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business: ✓

FATHER
12. Name: Unknown.
13. Birthplace: Poland.

MOTHER
14. Maiden name: Unknown.
15. Birthplace: Poland.

16. Informant: Josephs Smith

Address: 5-8 E. Sidney Ave. Mt Vernon

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24th 1939 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: R. B. Rawlings.

Address: Greensboro

19. Oct 26 1939 (Date rec'd by registrar) A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 25 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1939 to 10/23 1939 and that I last saw him alive on 10/21 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Cardio Renal

Other conditions: Degeneration

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Goldsboro Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

09887

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Bethlehem - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Bethlehem
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Edward Turpin

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 16, 1939

8. AGE:

Years	Months	Days	If less than one day
—	1	5	hrs. min.

9. Birthplace Easton, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Nehemiah Kilson
13. Birthplace Easton, Maryland

MOTHER
14. Maiden name Juanita Turpin
15. Birthplace Easton, Maryland

16. Informant Juanita Turpin
Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 22, 1939 (month) (day) (year)
Cemetery or crematory Mt. Pleasant Cemetery
Location Near Preston, Maryland

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. October 21 1939 (Date rec'd by registrar) C. D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1939, to October 21 1939, and that I last saw her alive on October 20 1939.

Immediate cause of death Gastro Enteritis — DURATION 5 days
Due to Inanition
Due to Dehydration
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thurlow B. Emerson M. D. or other
Address Preston, Maryland Date signed 10/23/39

RECEIVED
NOV 2 1939
BUREAU V. S.

09888

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (210-111)

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjiman A Wilkerson If U. S. Veteran, specify WAR

(a) Residence: No. ✓ Bridgetown, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabell Wilkerson

6. DATE OF BIRTH (month, day, and year): May 4 1876

7. AGE: Years 60 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) Sept. Oct. 1 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Wilkerson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Carroll Wilkerson. Greens Goldsboro Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion. Md Date Oct 4, 1939

19. UNDERTAKER (Address) R. B. Rawlings. Greensboro Md.

20. FILED 10/3, 1939 Mrs D O George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1939, to Oct 1, 1939

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 7:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of Skull
result of automobile
accident
Oral Suddin

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Johnson N Mulford.

(Signed) Dentin Md M. D.

(Address) Deputy Medical Examiner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN